I.M.P.A.C.® CALIFORNIA CARDHOLDER ACCOUNT SET-UP

NOTE: ALL BOXED AREAS MUST BE COMPLETED IN ORDER TO PROCESS

REQUIRED

LEVEL 1 4055　　　　　　　　　**LEVEL 2 01**

LEVEL 3 __ __ **L3 NAME** _____ **LEVEL 4** __ __ __ __ **L4 Name**_____

A/O ACCOUNT # 4055 -01__ __ - __ __ __ __ - __ __ __ __　　**A/O NAME** _____
Leave blank if AO set-up sent with this CH setup

REQUIRED
DEPT/OFFICE/AGENCY NAME _____**(Max 30)**

CARDHOLDER NAME _____ **(Max 20)**
(First name, middle initial, last - will be embossed, no titles)

ADDRESS ONE _____**(Max 30)**

ADDRESS TWO_____**(Max 30)**

CITY _____ **STATE <u>CA</u> ZIP +4** _____

PHONE (_____)_____ COUNTRY __<u>USA</u>___

REQUIRED
SINGLE PURCHASE LIMIT _____　　　**MERCHANT ACTIVITY TYPE** _____
　　　　(Up to $100,000 in $50 increments)　　　　　　　　　　　　　　　**(4 Digit Code)**
　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　(May begin with 0)
30 DAY LIMIT _____**(Up to $999,900 in $100 increments)**

Other Account Information -

USER FIELD 1 _____ (Max 12)　　EMBOSSED DESTINATION _____ (Max 2)
　(Shown on G077 - Acct Info report ONLY)　　　　　　(Select Destination: P = Program Coordinator, B = Billing Office,
　　　　　　　　　　　　　　　　　　　　　　　　　D = Dispute Office AND Level: /3/4 Example: P 4)

SUPPRESS CARD　YES　　　　　　　　　　　　USER FIELD 2 _____(Max 15)
Circle if you DO NOT want a card issued　　　　　　　　　　　　(First 8 digits will show on card)

MASTER ACCOUNTING CODE _____(Max 50)

Input Submitted by: APC

REQUIRED
Authorized Sig _____　　**Name** _____

Address _____　　**Phone** _____
_____　　**Date** _____

I.M.P.A.C. Card Services Use Only　　　　**Emboss Code** __ __ __　　**Price Code** __ __ __
Assigned Account Number

4055 - 01 __ __ - __ __ __ __ - __ __ __ __　**Batch** __ __ __ __ __ __　　**Date** _____ **Input By** _____

SEND TO: I.M.P.A.C. Card Services, P.O. Box 6346, Fargo, ND 58125-6346